

Kennedy Early Childhood Center
11333 Kaltz, Avenue
Warren, MI 48089
586-759-9406
FAX 586-758-7394

6-14-21

Kennedy Early Childhood Families,

Kennedy ECC is pleased to offer onsite, licensed childcare for your children ages 3-5 years old. Parents have the option of before school care, after school care and PLC dismissal care.

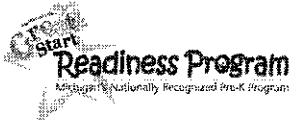
Our program will follow the Creative Curriculum and will have bi-weekly themes with center based areas for learning and play. All staff have met the child care licensing standards, background check, and criminal history check. They are certified in CPR and First Aid training. The ratio for this program will be 1 adult per 8 children.

Attached you will find the necessary enrollment information. All forms must be completed at the time of registration to secure your child's enrollment in the program.

- AM care begins at 6:30 AM and ends at 8:30 AM
- PM care begins at 3:00 PM and ends at 6:00 PM
- Care will not be offered on holidays, professional development days, or scheduled breaks.
- Change of usage or cancellations require 14 days notice or you will be charged for those days.
- The annual registration fee for the 2021-2022 school year will be \$30 per child.

Because enrollment can vary, we ask that you commit to a usage schedule at the time of registration to maximize our capacity. The flexibility to accommodate contract charges throughout the school year is determined by the availability of spaces in the program. If all program space has been filled, a waiting list will be taken on a first come, first serve basis. Should the program need to be restructured because of low-registration, parents will be notified. In such instance occurs, Kennedy ECC reserves the right to close the program, either in the morning or afternoon.

Please feel free to contact us at any point regarding the program. Thank you for choosing Kennedy ECC as your child care provider. We look forward to serving you, and know that your experience with the Kennedy ECC will be positive and valuable.



Kennedy Early Childhood Center Before/After School Contract



Child Information:

- Please circle one: EHS HS GSRP

_____		_____
Full Name		Start Date
_____	_____	_____
Age in Fall	Date of Birth	Gender
_____	_____	_____
Adult #1		Adult #2
_____		_____
Relationship to Child		Relationship to Child
_____		_____
Home Address		Home Address
_____		_____
City/State/Zip		City/State/Zip
_____		_____
Home/Cell Number		Home/Cell Number
_____		_____

Daily Rates: 6:30 AM – 8:30 AM - \$10
 3:00 PM – 6:00 PM - \$15

PLC rates – 2:00 PM – 6:00 PM - \$20

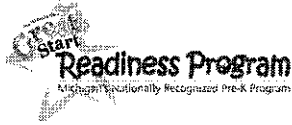
- Charges per hour - \$5 per hour and \$2.50 per ½ hour
- Charges will only incur for half hour and hour times

Please select your days & times:

Monday – AM Tuesday – AM Wednesday – AM Thursday – AM

Monday – PM Tuesday – PM Wednesday – PM Thursday – PM

Wednesday – PLC Dismissal – 2:00 – 3:00



Kennedy Early Childhood Center Before/After School Care Terms of Agreement



1. I, the undersigned, understand and agree that in order to register for any and all Kennedy ECC programs all registration paperwork must be completed thoroughly and the registration fee will be made. I also understand that all payments will be made via the main office in the form of cash or check only. Registration fees are non-refundable.
2. All tuition payments will be due bi-weekly. An invoice will be prepared in advance and sent home with students and parents.
3. I, the undersigned, understand and agree that once my child is registered for before/after school care, weekly fees apply whether or not my child attends.
4. I, the undersigned, understand and agree that I am required to provide a 14 day written notice to Kennedy ECC to change my contract or to discontinue my active participation in the program. I also understand that charges will continue to accumulate despite my child being there until written notice of intent to change or cancel is received.
5. I, the undersigned, understand that all fees will be adjusted to account for holidays and scheduled vacations. I also understand that credits will not be given, not even for unplanned school cancellation, inclement weather, natural disasters, or emergencies beyond Kennedy ECC's control.
6. I, the undersigned, understand and agree that late payments will result in an additional service charge of \$15.00.
7. I, the undersigned, understand and agree that if my account is past due, my child care services may be suspended until the account balance plus the next installment is paid in full.
8. I, the undersigned, understand and agree that as the Parent/Legal Guardian of the child stated on this form, I am responsible for any outstanding balances due at the end of the current school year.
9. The late pick up fee begins at 6:01 PM and is \$1 per minute for the first 10 minutes and \$2 per minute thereafter and is added to my next billing statement.

10. Half days are not covered in your monthly bill and will require a separate registration and additional charge.

I have thoroughly read the above statements, and by signing below hereby agree to the terms and conditions listed above.

Parent/Guardian Signature _____ Date: _____

Printed Name _____

Child's Name _____



Kennedy Early Childhood Center Before/After School Care Payment Options



Child's Name

Billing Address

City

State

Zip Code

Email Address

Name of responsible party for payment

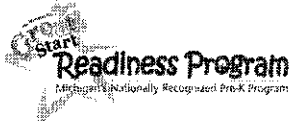
Billing Information

Cash Check I have been approved for childcare assistance through DHS (attach letter)

Bi-weekly payments will be due at the beginning of the week prior to care.

RETURNED DRAFTS

A fee may be assessed to cover the costs related to any payment returned for non-sufficient funds.



Kennedy Early Childhood Center Before/After School Usage Form



1. Is your child under any special medical or dietary regimen? (allergies, seizures, asthma medications)

2. Does your child take any prescribed medication that will need to be administered during the time of care?

3. Are there any problems that may confront your child while in care? (Homesickness, anxiety, behavior concerns?)

4. Please provide any other information you feel may help us understand your child and his/her needs.

Parent Acknowledgement and Permission Forms

Child's Name _____ Birth Date _____

Parent Handbook

I, the undersigned, have received Kennedy Early Childhood Center's Handbook. I understand that it is my responsibility to read and know all of the policies and procedures.

Parent/Guardian Signature _____ Date _____

Parent Concussion Information Sheet

I, the undersigned, have received Kennedy Early Childhood Center's Parent Concussion information sheet. I understand that it is my responsibility to read and know all of the policies and procedures.

Parent/Guardian Signature _____ Date _____

Photograph Release

Kennedy Early Childhood Center requests consent to release photographs of the above named minor child for the purposes of Kennedy ECC records, public relations and/or advertising, with or without my child's name accompanying the photo.

Parent/Guardian Signature _____ Date _____

Health Statement

This is to verify that my child is in good health. As a parent, I take responsibility for my child's health while in childcare. All immunizations are up to date. A record my child's immunizations and physical examination, signed by a doctor, are on file at the school office.

Parent/Guardian Signature _____ Date _____

Print Name _____